

*west***SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

COMPLETE THIS SECTION ON DELIVERY**A. Signature***John M. Baldwin*

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**
3-3-08

Address different from item 1? Yes
Delivery address below: No

11111111111111111111

C.O.I. Baldwin
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

*418
7007 1490 0000 0024 5010*

PS Form 3811, February 2004

Domestic Return Receipt

2595-02-M-1540

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.

COMPLETE THIS SECTION ON DELIVERY**A. Signature***John Campbell*

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**
3-3-08

Address different from item 1? Yes
Delivery address below: No

11111111111111111111

C.O.I. Campbell
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

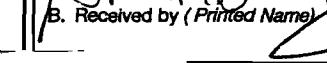
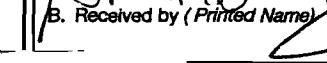
*418
7007 1490 0000 0026 6152*

PS Form 3811, February 2004

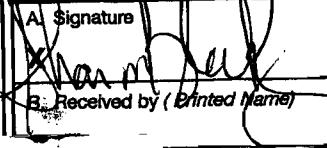
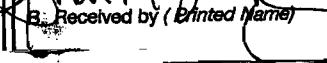
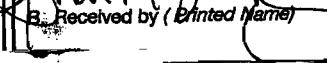
Domestic Return Receipt

102595-02-M-1540

West

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery  3-3-08</p>	
<p>1. Article Number (Transfer from service label)</p> <p>2. Article Number (Transfer from service label)</p> <p>3. Article Number (Transfer from service label)</p>		<p>D. Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p>	
<p>4. Restricted Delivery? (Extra Fee)</p>		<p><input type="checkbox"/> Yes</p>	
<p>7007 1490 0000 0026 6138</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

West

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<p>1. Article Number (Transfer from service label)</p> <p>2. Article Number (Transfer from service label)</p> <p>3. Article Number (Transfer from service label)</p>		<p>D. Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input type="checkbox"/> No</p>	
<p>4. Restricted Delivery? (Extra Fee)</p>		<p><input type="checkbox"/> Yes</p>	
<p>7007 1490 0000 0024 5027</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			

west
SENDER: COMPLETE THIS SECTION

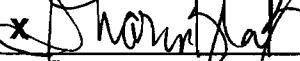
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

|||||

Captain Sconyers
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-3-08

Address different from item 1? Yes
Delivery address below: No

4/8
2:08cv82 Compl and compl/ order [are due]
2. Article Number
(Transfer from service lab) 7007 1490 0000 0026 6121

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,

|||||

C.O.I. Joel Tew
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-3-08

Address different from item 1? Yes
Delivery address below: No

4/8
2:08cv82 Compl and compl/ order [are due]
2. Article Number
(Transfer from service lab) 7007 1490 0000 0026 6169

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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<p>Sgt. Gerald Wright Easterling Correctional Facility 200 Wallace Drive Clio, AL 36017</p>		<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2:08cv82 (complaint on 03/03/08 due 4/3) 2 Article Number (Transfer from service label)</p>		<p>7007 1490 0000 0026 6145</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	